



OFFICE POLICIES

1. Please be on time for your appointments. We do strive to stay on our schedule. Being late or missing your appointment can cause severe scheduling disruptions which can interfere with the quality of care you and others may receive. If you must cancel, a 24-hour advance notice is required.
2. Please do not wear strong perfumes or colognes. We see many patients with allergies or respiratory problems. Strong scents can cause many problems.
3. Repeated cancellations or missed appointments may result in being released from care.
4. We may schedule you for multiple appointments. This will help ensure convenient appointment times for you, as well as provide you with the highest level of care possible.
5. If you need to spend extra time discussing your health concerns with your doctor, please let our staff know so we may schedule your next appointment accordingly or arrange a phone call with the doctor.
6. Please notify our staff and the doctor of ANY changes in your health status, regardless of the significance.

FINANCIAL POLICIES

1. We accept the following forms of payment: cash, personal check, credit and debit cards and HSA cards. We have a cash price and a card price for all goods and services in our office. Payment is expected at the time of services.
2. We are not in network with ANY insurance companies.
 - As a courtesy, in some circumstances, we may bill your primary insurance company (Medicare, Auto Accident, Workmen's Compensation). In these cases, there may be stipulations governing how we handle your account, and you may be asked to pay for services at the time they are rendered. Please ask us if you have any questions regarding this.
 - Your insurance company determines benefits when they receive any billing. We are happy to provide a detailed statement of your visits (a Superbill) should you need one to request insurance reimbursement.
 - Any statements made by our staff regarding your coverage in no way guarantees that your care in our office will be covered by your insurance company.
3. Regardless of insurance, you are ultimately responsible for your account.
4. We offer a discount in the form of a pre-paid package. Ask us for the details of this plan.
5. Accounts not paid in full at the time of service will be sent a courtesy statement at the end of the month. Any unpaid balances, after the first month, will be charged a 1.5% interest charge.
6. We have the right to limit care should an account balance go unpaid.
7. A \$25 fee will be applied should there be a returned check.

By signing below, I acknowledge that I understand the policies as contained herein,

Patient Name (please print)

Date

Signature (patient or parent/guardian)

Print Name (if different from patient name)

Relationship to Patient